IN RE:	§	Case No. 22-60020
	§	
INFOW, LLC, et al.,	§	Chapter 11 (Subchapter V)
	§	
Debtors ¹	§	Jointly Administered

 $^{^1}$ The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.



Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

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IN RE:	8	Case No. 22-60020
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INFOW, LLC, et al.,	§	Chapter 11 (Subchapter V)
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Debtors ¹	§	Jointly Administered

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Texas Franchise Tax Public Information Report

 $To \ be \ filed \ by \ Corporations, \ Limited \ Liability \ Companies \ (LLC), \ Limited \ Partnerships \ (LP),$ Professional Associations (PA) and Financial Institutions

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IN RE:	§	Case No. 22-60020
	§	
INFOW, LLC, et al.,	§	Chapter 11 (Subchapter V)
	§	-
Debtors ¹	§	Jointly Administered

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Document 22-3014894279 SB on 04/2 Fiting Number: 890838466 Case 22-60020

180701 12-07-11 TX2012

Texas Franchise Tax Public Information Report

Ver. 3.4 05-102

(Rev.9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST	「be signed and filed to	satisfy franchise t	ax requirements

■ Tcode 13196

-	Taa		
-	Taxpaver	num	ıber

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you.

32034159395			2012		tact us at (800) 252-1381	or (512) 463-4600.
Mailing address P.O. BOX 19549						Secretary of State (SOS) file number or Comptroller file number
City AUSTIN	State	ТX		ZIP Code	78760 Plus 49549	0800898466
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P.O. BOX 19549				Secretary of Sta Comptroller file	ate (SOS) file number or number	
City AUSTIN	State TX	ZIP Code	78760 Plus 495	49 080089	98466	
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Principal office 910 WEST MARY STREET. A	USTIN TX 7870	04				
Principal place of business 910 WEST MARY	STREET AUSTIN	TX 78704		I (ARIAN MIN HAT	IN GELEG INN BITTI NYTI OME INIES NIIS INIES SHEL SHEL MELS HELI	
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officers, directors, or m	embers change thr	oughout the year.		*3	3203415939512*	
SECTION A Name, title and mailing address of	f each officer, direc	ctor or member.				
Name	Title		Director	Term <i>m</i>	mddyy	
ALEX JONES	MAN	AGER	YES	expiration		
Mailing address	City			State	ZIP Code	
P.O. BOX 19549	AUS	TIN		TX	78760	
Name	Title		Director YES	Term m expiration	mddyy	
Mailing address	City			State	ZIP Code	
Name	Title		Director YES	Term m expiration	mddyy	
Mailing address	City			State	ZIP Code	
SECTION B Enter the information required for eac	h corporation or LLC,	, if any, in which this ent	ty owns an interest of 10) percent or more.		
Name of owned (subsidiary) corporation or limited liability con	npany	State of formation	Texas SOS	file number, if any	Percentage of ownership	
Name of owned (subsidiary) corporation or limited liability con	npany	State of formation	Texas SOS	file number, if any	Percentage of ownership	İ
SECTION C Enter the information required for eac liability company.	h corporation or LLC,	, if any, that owns an inte	rest of 10 percent or mo	ore in this entity or t	limited	,
Name of owned (parent) corporation or limited liability compar	у	State of formation	Texas SOS	file number, if any	Percentage of ownership	
Registered agent and registered office currently on file. (see in Agent: ELIZABETH M. SCHUR		make changes)		if you need forms to c red agent or registered		
Office: 100 CONGRESS AVE.,	22ND FLOO	R City Al	JSTIN	State T	X ZIP Code 7870	1
The above Information is required by Section 171.203 of the Ta for Sections A, B, and C, if necessary. The information will be a			y that files a Texas Franchise	Tax Report. Use addi	itional sheets	
I declare that the information in this document and any attached been mailed to each person name in this report who is an off						
sign \ \ \ \ \\.		Title 4.4	Date	Area	code and phone number-	i

sign here		4
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°11/13/2012

Texas Comptroller Official Use Only



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IN RE:	8	Case No. 22-60020
	§	
INFOW, LLC, et al.,	§	Chapter 11 (Subchapter V)
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9549

980701 12-02-09 TX2010

Ver. 1.0

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

To be filed by Corporations, Limited Liability Companies (LLCS) and Financial Institutions

05-102 (9-09/20) This report MUST be signed and filed to satisfy franchise tax requirements

"	VG 20)		-	
	Tcode	13196		

		Code	13	19
_	_			

■ Taxpayer number

Report year

2010

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

32034159395 Taxpayer name

INFOWARS, LLC Mailing address

P.O. BOX 19549

City AUSTIN

ZIP Code State 178760 ТX

Secretary of State file number or Comptroller file number

0800898466

Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

910 WEST MARY STREET, AUSTIN, TX 78704

Principal place of business

910 WEST MARY STREET, AUSTIN, TX 78704

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

3203415939510

SECTION A INAME, title and mailing address of each office	er, airector or member.								
Name	Title	Director		m	m	d	d	У	У
ALEX JONES	MANAGER	YES	Term expiration						
Mailing address P.O. BOX 19549	City AUSTIN		State TX			ZIP C 78	ode 76(0	
Name	Title	Director		m	m	d	d	У	У
		YES	Term expiration						
Mailing address	City		State			ZIP C	ode		
Name	Title	Director		m	m l	d	d	у	у
		YES	Term expiration						
Mailing address	City		State			ZIP C	ode		
Mailing address	City	· ·				ZIP C	ode		

SECTION B Enter the Information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership					
Name of owned (subaidlary) corporation or limited liability company	State of formation	Texas SOS file number, If any	l Percentage of Ownership 					
SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity								

or limited liability company.

Name of owned (parent) corporation or limited liability company |State of formation Texas SOS file number, if any Percentage of Ownership Registered agent and registered office currently on file. (See Instructions If you need to make changes) Check box if you need forms to change Agent: ELIZABETH M. SCHURIG the registered agent or registered office information. ZiP Code State City Office: 78701 100 CONGRESS AVE., 22ND FLOOR AUSTIN

The above information is required by Section 171,203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has

sign here

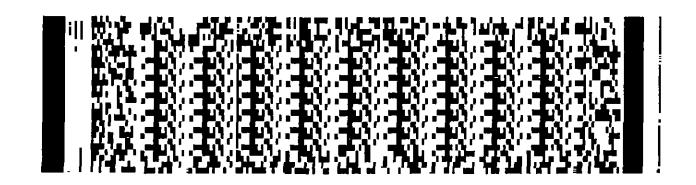
been malled to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company,

Member

11/24/2010

Area code and phone number

Texas Comptroller Official Use Only



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IN RE:	§	Case No. 22-60020
	§	
INFOW, LLC, et al.,	§	Chapter 11 (Subchapter V)
	§	-
$\mathrm{Debtors^{\scriptscriptstyle 1}}$	§	Jointly Administered

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TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Comptroller of Public Accounts FORM 05-102 (Rev. 1-08/28)

T Code 13196

(To be filed by Corporations and Limited Liability Companies (LLCS))

This report MUST be filed to satisfy franchise tax requirements

■ Taxpayer number	■ Report year	You h	ave certain right	t s under Chapter 552 a	nd 559, Government Code,
3 2 0 3 4 1 5 9 3 9 5	2 0 0 9	to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.			
Taxpayer name INFOWARS, LLC Mailing address				Secretary of S	tate file number or
PO BOX 19549		IZID 6 4	101	Comptroller f	
City Stat AUSTIN TX	e	ZIP Code 78760	Plus 4	0800898466	
Blacken circle if there are currently no changes or addition	ons to the informat	ion displayed in Section	A of this report.	Then complete Section	ons B and C.
Entity's principal office PO BOX 19549; AUSTIN, TX 78760					
Principal place of business 3019 ALVIN DEVANE BLVD, STE 350; AUSTIN, TX 78741					
Officer, director and member information report. There is no requirement or officers, directors, or members characters.	on is updated annu procedure for supp	ually as part of the franch dementing the information	ise tax	32	03415939509
SECTION A Name, title and mailing address of each office		nber.	D:		
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Mailing address	City	l		expiration State	
PO BOX 19549 Name	AUSTIN Title	1	Director	TX	78760 m d d y y
			YES	Term	
Mailing address	City			expiration State	
Name	Title		Director	m	 m d d y y
			YES	Term expiration	
Mailing address	City	l		State	ZIP code
Name	Title		Director	<i>m</i>	m d d y y
			○ YES	Term expiration	
Mailing address	City			State	ZIP code
SECTION B Enter the information required for each corpo ten percent (10%) or more.	ration or LLC, if ar	y, in which this reportir	ng entity owns a	an interest of	
Name of owned (subsidiary) corporation or limited liability com	pany	State of formation	Texas SOS	file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited liability com	npany	State of formation	Texas SOS	file number, if any	Percentage of Ownership
SECTION C Enter the information required for each corpo entity or limited liability company.	ration or LLC, if an	y, that owns an interest	t of ten percent	(10%) or more in thi	s reporting
Name of owned (parent) corporation or limited liability compa	ny	State of formation	Texas SOS	file number, if any	Percentage of Ownership
Registered agent and registered office currently on file. <i>(See in:</i> Agent: ELIZABETH M. SCHURIG	structions if you nee	d to make changes)	()	circle if you need for stered agent or regist	ms to change ered office information.
Office: 100 CONGRESS AVENUE 22ND FLOOR		City AUSTIN		State TX	ZIP Code 78701
The above information is required by Section 171.203 of the Tax Code for for Sections A, B, and C, if necessary. The information will be available fo		limited liability company th	at files a Texas Fran	ochise Tax Report. Use ad	ditional sheets
I declare that the information in this decument and any attachments is to mailed to each person named in this report who is an officer, director or					
sign here	Title		Date 11/03/2009	Area cod	le and phone number 3 646 - 4408
TIOLO, ILVIN	100		1.1/05/2009		, 4.0 -100



